PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

501.37465CC8

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS					Con		1			OR 7		· · · · · · · · · · · · · · · · · · ·
			6					RATE	FEE	-	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		* (\mathcal{D}		X43=		OR	X86=	
Мι	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	i	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	Ì
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	·
								+145=		4 I	TOTAL	
(Column 1) (October 2) (October 2)								DDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1) CLAIMS	1	(Colum	ST	(Column 3)	ľ		ADDI-	1 1		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	'
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			.445			.000	
							L	+145=		OR	+290=	•
							Al	TOTAL DDIT. FEE	· .	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	T	X43=	•	OR	X86=	, = 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	.
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OP L	TOTAL	-
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	SPACE is	less than	3, enter *3.*		DIT FEE L			DDIT. FEE L IMN 1.	7